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LONELINESS AND SOCIAL ISOLATION AMONG THE ELDERLY POPULATION IN ZONE C SENATORIAL DISTRICT OF BENUE STATE, NIGERIA

BY

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Abstract

This study examined loneliness and social isolation among elderly population in Zone C Senatorial District of Benue State, Nigeria, using Ecological Systems Theory as its theoretical framework. It aimed to produce findings that would provide evidence for social work, government programs, healthcare programs, and community programs working for the well-being of elderly people. Quantitative and qualitative data were collected using a mixed-methods research design. Based on an estimated sample size of 398 using Taro Yamane's (1967) formula, results were reported based on a sample size of 398.The study identified illness, physical mobility constraints, conflicting demands, less social interaction, and insufficient social support, as factors related to loneliness and social isolation. The findings indicated that the experience of illness and physical limitations can limit elderly adults' accessibility to family, friends, neighbours, and community resources, increasing their risk for loneliness and social isolation. It further reiterates the role of friendships, social networks and community participation as a form of enhancing sense of self and psychological wellbeing among elder population. Following these findings, the study suggests a focus on strengthening extended family and community structures, promoting frequent visits and interactions with elderly individuals, improving physical access to health facilities, among other recommendations such as introducing the use of affordable digital communication technologies whenever possible. The study also suggests that social workers, health care professionals, family members, churches, community leaders, and government agencies should work together to provide adequate interventions aimed at minimizing social disconnect for better living conditions among the elderly in Zone C Senatorial District of Benue State.

Keywords: Loneliness, Social Isolation, Elderly People, Ecological Systems theory, social work

Background to the Study

Population ageing is one of the most significant demographic transformations of the 21st century. The major factors behind this are advances in health care, medical technology, nutrition, sanitation, and education. According to the WHO (2024) and the United Nations (2023), the global population aged 60 years or elderly numbered around 1 billion in 2020, and is projected to increase to 1.4 billion by 2030, and to 2.1 billion by 2050, with the vast majority living in low- and middle-income countries. But increased longevity does not necessarily translate to improved quality of life. Many elderly people face challenges related to retirement, health issues, diminished mobility, bereavement, economic strain, and altered familial roles.

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These challenges often lead to a contraction of their social networks, increasing the risk of loneliness and social isolation. Loneliness is the subjective feeling of lacking meaningful relationships, while social isolation describes an objective lack of social contact or engagement (Cudjoe & Kotwal, 2020). Both conditions have been associated with negative health outcomes including depression and anxiety, cognitive decline, cardiovascular disease, sleep disturbances, reduced quality of life, and increased mortality risk (Holt-Lunstad, 2023; Di Perna et al., 2023). In the Zone C Senatorial District of Benue State, the elderly also grapple with high levels of poverty, inadequate healthcare services, poor infrastructure, and limited digital literacy. They are also affected by the out-migration of younger generations and the consequences of regional conflicts. Additional risk factors include solitary living arrangements, decreased familial visits, the decline of community events, limited access to mobile phones, and physical ailments.

In the past, elderly individuals in Benue could rely on support from their families and communities to act as a safety net. But, with modernization and migration, these support systems have become weakened.

It is for this reason that the elderly population in Zone C was considered for this study. The study hopes to generate findings that will have implications for the zone senatorial district of Benue State. The findings was of relevance to social workers, health professionals, policy makers and related organizations that seek to develop inclusive, community-based programs for elderly population for healthy aging.

Senatorial District C in Benue State is characterised by poverty, inadequate healthcare, youth migration, westernisation and the weakening of the extended family support system, all of which may contribute to the loneliness and isolation of the elderly. But little or no evidence exists on the frequency of the elderly's interaction with their relatives and neighbours, the impact of living arrangements on elderly adults' connectedness to others, the role of their involvement in community and religious activities in preventing isolation and loneliness, and the influence of the use of mobile phones, internet, and social media, as well as chronic illness, hearing and sight problems, and restricted movement. The absence of such evidence in this cultural milieu hinders initiatives on the well-being of the elderly. Hence, this research proposes to investigate some factors contributing to loneliness and isolation among the elderly in this cultural context, particularly among residents of Senatorial District C, Zone C, of Benue State.

1.3 Research Questions

- **i.** What are the Causes of Social Isolation among the Elderly in Zone C Senatorial District?
- **ii.** What is the relationship between the frequency of social interactions and the level of loneliness among the elderly in Zone C Senatorial District within the past six months?
- **iii.** Does participation in community activities reduce feelings of loneliness among the elderly in Zone C?
- **iv.** To ascertain how communication technology influence social connectedness among the elderly in Zone C?
- **v.** What is the relationship between health status and the experience of loneliness among the elderly in Zone C?

Research Objectives

1. To find out causes of social isolation among the elderly in Zone C Senatorial District?
2. To examine social interaction and loneliness among the elderly in Zone C Senatorial District over the last six months.

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3 To determine the effect of community engagement on reducing feelings of loneliness among the elderly in Zone C.
4 To analyze the role of mobile phones, internet and social media in reducing social isolation among the elderly in Zone C.
5 To investigate how physical health conditions influence levels of loneliness and social isolation among elderly individuals in Zone C.

Research Hypotheses

i. H_{02}: There is no significant relationship between the causes of social isolation and the living arrangement among the elderly in Zone C Senatorial District
ii. H_{01}: There is no significant relationship between the frequency of social interactions and loneliness among the elderly in Zone C Senatorial District..
iii. H_{03}: Participation in community activities does not significantly reduce loneliness among the elderly in Zone C.
iv. H_{04}: Access to communication technology does not significantly influence social connectedness among the elderly in Zone C.
v. H_{05}: Health status has no significant relationship with loneliness and social isolation among the elderly in Zone C.

Literature Review and Theoretical Framework

This study employed the ecological Systems Theory developed by Urie Bronfenbrenner in 1979. The ecological Systems Theory provides a suitable framework for this study as it presents a view of an individual's experiences in various layers of the environment. It attempts to understand how human behavior and wellbeing are influenced not only by individual characteristics, but also by social, cultural, and institutional aspects of the environment.

Although Bronfenbrenner's Ecological Systems Theory was developed in the Western world, this study will use the theory to explain loneliness and isolation among the aged in Nigeria. In Nigeria, several factors impact the social life of the elderly, including their health, family support, societal practices, and government policies. Bronfenbrenner's Ecological Systems Theory provides a clear understanding of how these factors interact.

That theory has flaws. According to Neal and Neal (2020), it is too broad to be tested directly. The interconnected systems it mentions make it difficult to identify the specific impact of one system or establish a clear relationship of causes and effects. The theory neglects individual psychology. Resilience, coping, and emotional regulation strategies are important when considering loneliness, yet they are not the focal point of the model. In spite of these shortcomings, the model is relevant to the current study.

As a result, the Ecological Systems Theory was deemed the most appropriate theoretical framework. This theory is applicable to the Nigerian context where loneliness arises due to a complex interplay of factors such as health issues, family relationships, community participation, and social inequalities. This theoretical framework will enable the research to explore the influence of various ecological systems ranging from family and community to government policies on the lives of elderly individuals in the Zone C Senatorial District of Benue State. The aim is to derive findings that can contribute to more comprehensive interventions.

Methodology

Research Design

The social isolation of elderly persons in Benue state, Nigeria's C Zone Senatorial District was assessed utilizing a mixed-method research approach for this study. I chose mixed methods in order to obtain fine-grained analysis on social isolation, incorporating both quantitative measures

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of social isolation amongst elderly adults along with qualitative information. The quantitative component of the study will use a descriptive cross-sectional survey design to explore the experience of loneliness and social isolation amongst elderly adults in Zone C. Surveys are useful to obtain information from a relatively large number of respondents in a short period of time. A descriptive cross-sectional survey was able to give an overall picture of the situation in regards to social interaction, community engagement, and loneliness in the elderly living in Zone C. An elderly participant's frequency of social engagement, cohabitation, involvement in community activities, use of communicative technology, and physical health will all be evaluated via Likert-type items as well as multiple-choice and dichotomous questions on a survey questionnaire. The survey data was analyzed statistically in order to explore how these variables are correlated with and in what ways they impact the degree of loneliness among the elderly. As an accompaniment to the survey tool, the research employs the qualitative methodology of in-depth, semi-structured interviews. This form of interviewing is critical to getting at the lives of elderly residents in Zone C. These interviews sought to elicit from participants their own understanding of causes and influences on their social isolation and loneliness. A mixed-methods approach to research was chosen as social isolation is a multilayered and multifactorial experience best captured through the combination of quantitative research and qualitative storytelling.

Study Area

The research took place in the Benue South Senatorial District, which is the Zone C Senatorial District of Benue State. The district falls within the Idoma-Igede cultural region of southern Benue State, and contains the Local Government Areas of Ado, Agatu, Apa, Obi, Ogbadibo, Ohimini, Oju, Okpokwu, and Otukpo. These are rural, semi-urban, and urban communities, and the economy in the region is largely based on agriculture . Zone C was ultimately chosen due to the geographic, socioeconomic, cultural, and demographic features of the area that lend itself well to a study of loneliness and social isolation among elderly adults.

Population

The study population were elderly individuals aged 60 years and above living within Zone C Senatorial District. This particular age range was chosen since elderly adults are at greater risk for feelings of loneliness and social isolation due to health decline, smaller social networks, and shifting family structures. About 88,140 aged people, approximately 10% of the total population, is estimated to live in the district. Eligibility criteria included being 60 years of age or elderly, residing in Zone C for a minimum of six months, ability to understand and speak English, Idoma, Tiv or Igede, and providing informed consent. Exclusion criteria included adults aged 65 and elderly with "severe cognitive impairment", inability to provide informed consent, and residing in a long-term care facility or hospital**.**

Sample Size

The Taro (1967:886) sample size determination formula was applied to draw the sample for the study as it provides a simplified way of calculating sample sizes. A sample size is adequate to characterize the researched phenomenon and to respond to the proposed research question. The formula is given as follows: n =

Where n = sample size

N = finite population

e = level of significance (limit of tolerable error)

1 = unity (constant)

Given that:

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n =
Where:
n = 88,140
e = (0.05)
The sample size for this research therefore was
n =
n =
n = 398.1
n = 398
The resultant sample size was therefore about 398. The final quantitative dataset available for analysis included 395 respondents. Thus, the quantitative results are derived from a total of 395 participants instead of the previously determined N=398. The discrepancy between the estimated and the final samples should be accounted in the study by what actually happened while collecting data, for instance, unreturned questionnaires, questionnaires with missing data, or rejected questionnaires that did not satisfy the specifications of the study.
For the qualitative section, the target sample size for in-depth interviews was between 20-30 elderly adults . The type of sampling used, purposive sampling, was deemed appropriate for this aspect of the study, as it would allow the researcher to get in-depth descriptions from elderly adults regarding their lived experiences with loneliness and social isolation. The qualitative interviews were designed to help contextualize the quantitative results with additional detail about participants' social lives, housing circumstances, health struggles, grief, and involvement in community life.

Sampling Procedure

While stratified sampling and simple random sampling were used for the quantitative portion, purposive sampling was the method used for the qualitative portion of the study. These methods were designed to ensure variation in the experiences of elderly people in Zone C Senatorial District of Benue State.
As for the quantitative part, the target population was stratified into relevant subgroups, according to demographic variables, mainly age, gender, and marital status. Age categories included 60-69 years, 70-79 years, and 80 years and elderly. Participants were categorized as either male or female as gender, and married, widowed, single and divorced as marital status. Another proposed factor that was deemed relevant to the study of both loneliness and social isolation was social support related to the presence or lack of family and community ties .
Once strata had been established, the plan was to draw simple random samples of identified subgroups' respondents. The method allows all eligible individuals in each sampling group a chance of being selected, and it can also diminish selection bias if used properly. The study also worked with relevant community leaders, doctors, and senior citizen advocates to gain access to eligible participants. A sampling frame of eligible elderly adults was necessary to help the selection process. Prior to obtaining informed consent, participants were to be made aware of the objective of the research, that participation was voluntary and that they could refuse to participate.
The qualitative portion purposefully planned to recruit about 20-30 elderly adults with diverse experiences related to loneliness and social isolation. Applicants were to be screened based on variations in their housing situations, physical health, exposure to death, social support networks, and level of community engagement . This would allow the researcher to have some qualitative

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data on the experiences and perspectives of the participants to accompany the quantitative findings.

Along with the other sampling method, this two-pronged approach was meant to yield quantitative data regarding patterns of loneliness and social isolation as well as qualitative, contextual data on elderly adult experiences within Zone C Senatorial District.

Instruments

The data collection tools will include a structured questionnaire as well as an interview guide. The questionnaire was conducted in person by trained research assistants who are fluent in the local language and can assist respondents who are unable to read or write. The items was reviewed by experts and pre-tested to confirm their clarity and appropriateness.

Validity and Reliability

Both face and content validity was based on expert review by authorities in social work and research methodology. The items will then be pretested in a pilot study of elderly adults external to the sample, and feedback will help refine the items. Reliability testing was conducted using Cronbach's alpha, and a score of 0.70 or above was considered acceptable. Qualitative findings will also be supported by member checking and triangulation.

Data Collection

Quantitative information was obtained based on a structured questionnaire addressing demographics, reasons for isolation, social engagement, loneliness, community engagement, mobile-phone usage, and health conditions . Qualitative data was collected through audio recorded, consented, in-depth interviews held in a quiet, private atmosphere.

Data Analysis

Quantitative data was examined with descriptive statistics and Chi-square testing at the .05 level of significance utilizing SPSS version 26 . Thematic content analysis was conducted to find common themes and trends in the qualitative data.

Ethical Considerations

Appropriate permission was obtained from Benue state Ministry of woman affairs and social welfare prior to the initiation of this study. The study ensured that that participation was entirely voluntary and that confidentiality, anonymity, informed consent, and the right to withdraw are all preserved.

RESULTS AND FINDINGS

Table 1: Causes of Social Isolation among Elder in Zone C Senatorial District

Variable	Response	Frequency (F)	Percentage (%)
Lack of money/transportation prevents participation in social activities	Yes	213	54.0
	No	182	46.0
Avoid social gatherings because they are unaffordable	Yes	189	47.8
	No	206	52.2
Family members/friends are often too busy to visit	Yes	187	47.2
	No	208	52.8
Hearing/vision impairment makes social interaction difficult	Yes	167	42.3
	No	228	57.7

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Variable	Response	Frequency (F)	Percentage (%)
Safety concerns/insecurity prevent leaving home	Yes	165	41.8
	No	230	58.2
Spend most days without speaking to anyone	Yes	257	65.1
	No	138	34.9
Total		**395**	**100.0**

Source: Field Survey, 2026.

As indicated in Table 1, multiple factors contribute to social isolation among elderly people in Zone C.

The most frequent problem was no conversation; 65.1% said they spent most days without speaking to anyone. This shows a significant level of disconnection in everyday life. Money and transport were also of considerable concern. For 54.0%, lack of money or transport prevented them from taking part in social activities. For 47.8%, there were occasions when they avoided social gatherings because they could not afford to participate. These findings show that poverty has impacts beyond the material, isolating elderly adults from connections with others.

The frequency of family contact was also identified as a problem by 47.2% of respondents who stated that their family members or friends were often too busy to come around for a visit. In a society like Nigeria, where family support is the major source of care and companionship for elderly persons, infrequent family visits mean that one important bulwark against loneliness is lost. Another critical aspect that came up in the discussion of health and safety-related problems is that 42.3% had hearing or vision problems that prevent effective interaction with others. In addition, 41.8% of respondents stated they often stay home because of safety concerns and insecurity. These findings indicate that isolation is not just a choice but often the result of health, economic and environmental circumstances.

The interviews confirmed these trends. Isolation was seen by respondents as being connected to old age, poor health, family responsibilities, economic hardship, and restricted mobility.

One participant commented, "My old age and illness have limited my mobility and visits to others." Another said, "My daily struggles to feed myself do not leave me with any time or energy to socialize."

Many also explained how difficulties with money and transport prevented them from attending meetings in the village, church social functions, and visits to family and friends. The cost of travel had become prohibitive. Family separation emerged as another common theme. Many mentioned that their grown-up children sought out work in the cities or were busy taking care of their own families. As a result, they visited less often. Some seniors even mentioned feeling deserted. Another common barrier was insecurity. Fear of attacks, theft, and communal clashes prevented many from attending social gatherings, functions, and places of worship. A closer look at both sets of data reveals that the experience of social isolation in Zone C is complex and mostly beyond the control of the senior citizens themselves. Economic difficulties lead to transportation problems. Transport difficulties lead to restricted mobility. Health problems lead to restricted mobility. Restricted mobility leads to reduced social participation. Reduced social participation leads to weaker relationships. Weaker relationships lead to loneliness. Fear of insecurity restricts movement in public spaces. Public movement restrictions reduce attendance at social gatherings, leading to potential isolation. These factors are interrelated and have a spiraling effect. For example, health problems restrict mobility, which leads to reduced participation, which leads to weaker relationships and eventually to loneliness.

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Table 2: Frequency of Social Interaction and Perceived Loneliness

Variable	Response	Frequency (F)	Percentage (%)
Regular social interaction reduces loneliness	Yes	160	40.5
	No	235	59.5
Spend most days without speaking to anyone	Yes	257	65.1
	No	138	34.9
Family/friends visit regularly	Yes	208	52.7
	No	187	47.3
Have someone to talk to when needed	Yes	161	41.6
	No	226	58.4
Feel isolated from others	Yes	342	87.2
	No	50	12.8
Total		395	100.0

Source: Field Survey, 2026.

A sense of disconnection emerges from the data in Table 2. While 40.5% agreed that talking to others reduces their sense of loneliness, 65.1% indicated that for most days, they go without talking to anyone. In addition, 58.4% indicated that when they need to talk to someone, they have no one available, and 87.2% stated they feel isolated from other people. These statistics were mirrored in the interview data. The importance of visits from family, friends, neighbours and a good chat was frequently mentioned by respondents. Companionship meant more than just being in the company of others; it brought emotional warmth, a sense of acceptance and belonging. This suggests that social interaction is not merely a function of the quantity of a senior's acquaintances. It also reflects the meaningfulness of these relationships. Simply having people around is of little consequence if the interactions are superficial or infrequent.

Table 3: Community Participation and Social Connectedness among Elderly Adults

Variable	Response	Frequency (F)	Percentage (%)
Social interaction reduces loneliness	Yes	160	40.5
	No	235	59.5
Prefer to stay alone even when able to meet others	Yes	307	77.7
	No	88	22.3
Actively involved in community activities	Yes	83	21.0
	No	312	79.0
Attended community activities at least twice	Yes	246	62.3
	No	149	37.7
Loneliness reduced since joining community activities	Yes	178	45.4
	No	214	54.6
Feel unwelcome or ignored during activities	Yes	175	44.6
	No	217	55.4
Want to join activities if assisted	Yes	113	28.6
	No	282	71.4
Total		**395**	**100.0**

Source: Field Survey, 2026.

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Community involvement among the elderly in Zone C, as illustrated in table 3, indicated that only 21.0% of the respondents were involved in community activities, while the vast majority, 79.0%, were not. Among those who did participate, the results were also mixed. Some, 62.3%, had attended community activities at least two times, but only 45.4% felt that their loneliness was reduced after participation. Conversely, 44.6% of respondents said they sometimes felt unwelcome and ignored when participating in community activities. This shows that participation alone does not mean that elderly residents feel included.

Later on in the interviews, respondents explained why these activities and occasions had ongoing significance for some of them. There was much discussion about friendship and quality time, fellowship at the church, village meetings, and relationships with the neighbours. Respondents explained how friendship brings comfort, acceptance, and a sense of belonging. The churches were mentioned repeatedly. Respondents described how the church is a vital social venue, providing fellowship, prayer, friendship, and support. Respondents also discussed greetings and visits with neighbours, explaining that these are now relatively infrequent but valuable when they occur.

But, the overall indication from these excerpts is that what really seems to help is not just the attending of events, but the feeling of real participation. The sense of trusted friendships, church fellowship, and community acceptance seems to provide the greatest emotional benefits for these elders.

Table 4: Influence of Technology on Social Connectedness among Elderly Adults

Variable	Response	Frequency (F)	Percentage (%)
Own a mobile phone	Yes	281	71.1
	No	114	28.9
Use phone to communicate with family/friends	Yes	253	64.1
	No	142	35.9
Technology helps reduce loneliness	Yes	175	44.3
	No	220	55.7
Experience difficulty using mobile phone	Yes	208	52.7
	No	187	47.3
Poor network affects communication	Yes	304	77.0
	No	91	23.0
Total		**395**	**100.0**

Source: Field Survey, 2026.

The majority of elderly people in the Zone C sample had access to mobile phones. These mobile phone users comprised 71.1% of respondents, and 64.1% said they used them to communicate with family members and friends. Despite this, only 44.3% felt that technology helped to reduce their loneliness. 52.7% said they had trouble using mobile phones. More respondents, 77.0%, said that a lack of network coverage prevented them from using mobile phones. Despite the opportunity to use mobile phones to stay connected, many elderly people could not do so effectively. Respondents interviewed appreciated that mobile phones enabled them to keep in touch with their children and relatives who lived far away. Phone calls were especially important in the times when they could not visit each other.

During the discussion, participants raised issues of poor network, high cost of airtime, and low digital skills as important limitations. But the participants were clear that phone calls would

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never replace the face-to-face visits. Physical presence, direct conversation, and companionship were rated highly by the participants.

Table 5: Influence of Health Status on Loneliness among Elderly individuals in Zone C

Variable	Response	Frequency (F)	Percentage (%)
Long-term health condition limits participation in social activities	Yes	344	87.1
	No	51	12.9
Health condition makes leaving home difficult	Yes	191	48.7
	No	201	51.3
Health condition has made respondent feel lonely	Yes	147	37.5
	No	245	62.5
Pain/tiredness prevents meeting people	Yes	148	37.5
	No	247	62.5
Missed social activities because of health problems	Yes	153	38.7
	No	242	61.3
Total		**395**	**100.0**

Source: Field Survey, 2026.

Table 5 demonstrates the impact of health conditions on social life. 87.1% of respondents indicated that a chronic health condition reduces their participation in social activities. 48.7% said it was difficult to leave their home. 38.7% said they had missed out on social activities because of their health problems. 37.5% said their health condition makes them feel lonely. Likewise, 37.5% said pain or tiredness was a barrier to meeting people.

The interviews provided more detail on these statistics. Illness, frailty, and restricted mobility were frequently cited by respondents as reasons for their absence from church, village meetings, family functions, and other social occasions. A number of them described a domino effect with poor health reducing mobility, which reduced activities, which reduced social interactions, which increased the potential for loneliness. Family support had an impact. Seniors who had contact with supportive relatives who visited, encouraged, or helped them reported less loneliness than those with less supportive family relationships, even when controlling for poor health.

Test of Hypothesis

i. **Table 6 H_{02}:** There is no significant relationship between the causes of social isolation and the living arrangement among the elderly in Zone C Senatorial District

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	20.033	6	.003
	Block	20.033	6	.003
	Model	20.033	6	.003

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square

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1	92.559[a]	.210		.286	

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Current living situation			.091	2	.955	
	Current living situation(1)	-.008	.885	.000	1	.993	.992
	Current living situation(2)	.158	.584	.073	1	.787	1.171
	Age group	.009	.010	.848	1	.357	1.009
	Gender	-.402	.357	1.266	1	.260	.669
	Marital status	-1.227	.576	4.530	1	.033	.293
	Highest education level	-1.036	.351	8.727	1	.003	.355
	Constant	5.575	1.456	14.654	1	.000	263.625

Source: Field Survey, 2026 (SPSS Version 26).

Since the p-value associated with current living situation.955 is greater than.05, the null hypothesis is therefore not rejected. So, there is no statistically significant association between the causes for social isolation and living arrangements among the elderly in Zone C Senatorial District.

Table 7. $H_0$2: There is no significant relationship between the frequency of social interactions and loneliness among the elderly in Zone C Senatorial District.

			Feel lonely on most days		
			Yes	no	Total
Meet family or friends at least once a week	Yes	Count	12_a	3_b	15
		Expected Count	14.1	.9	15.0
		% within Meet family or friends at least once a week	80.0%	20.0%	100.0%
		% within Feel lonely on most days	13.5%	50.0%	15.8%
		% of Total	12.6%	3.2%	15.8%
	No	Count	77_a	3_b	80
		Expected Count	74.9	5.1	80.0
		% within Meet family or friends at least once a week	96.3%	3.8%	100.0%
		% within Feel lonely on most days	86.5%	50.0%	84.2%
		% of Total	81.1%	3.2%	84.2%
Total		Count	89	6	95
		Expected Count	89.0	6.0	95.0
		% within Meet family or friends at least once a week	93.7%	6.3%	100.0%

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	% within Feel lonely on most days	100.0%	100.0%	100.0%
	% of Total	93.7%	6.3%	100.0%

Each subscript letter denotes a subset of Feel lonely on most days categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests[c]

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.637[a]	1	.018	.048	.048
Continuity Correction[b]	3.225	1	.073		
Likelihood Ratio	4.160	1	.041	.048	.048
Fisher's Exact Test				.048	.048
Linear-by-Linear Association	5.578[d]	1	.018	.048	.048
N of Valid Cases	95				

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	-.244	.141	-2.422	.017[c]
Ordinal by Ordinal	Spearman Correlation	-.244	.141	-2.422	.017[c]
N of Valid Cases		95			

Source: Field Survey, 2026 (SPSS Version 26).

The above table shows the results of the Pearson Chi-square analysis which tests the hypothesis that there is a meaningful association between social interaction and loneliness in the elderly within Zone C Senatorial District. The results yielded a Pearson Chi-square statistic $\chi^2 = 5.637$, df = 1, p = 0.018. Because the resulting p value is 0.018, which is less than the accepted level of significance of 0.05, the connection between the two variable is significant. This suggests that frequency of contact with family, friends, and neighbours had a significant correlation with how lonely elderly adults feel. Those who had less than regular social contact with important people in their lives were also more likely to report feelings of loneliness.

These results suggest that social contact is an important buffer against elder loneliness. The need for social contact is met through more frequent interaction, which provides avenues for emotional assistance, companionship, sharing of information, and belonging, ultimately reducing isolation and emotional distress. On the other hand, fewer social interactions means less access to these psychosocial resources, increasing the risk of loneliness amongst elderly adults.

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As the p value is 0,018 which is lower than the 0,05, thus the null hypothesis has to be rejected. For this reason, the study concludes that social interaction frequency is significantly associated with loneliness among elderly adults in Zone C Senatorial District of Benue State

Hypothesis Three

H_{03}: Participation in community activities does not significantly reduce loneliness among the elderly in Zone C.

Table 8: Chi-square Analysis of Community Participation and Reduction in Loneliness

Involved in community activities * Loneliness reduced since joining activities Crosstabulation

			Loneliness reduced since joining activities	
			yes	no
Involved in community activities	yes	Count	6[a]	11[a]
		Expected Count	8.3	8.7
		% within Involved in community activities	35.3%	64.7%
		% within Loneliness reduced since joining activities	13.0%	22.9%
		% of Total	6.4%	11.7%
	no	Count	40[a]	37[a]
		Expected Count	37.7	39.3
		% within Involved in community activities	51.9%	48.1%
		% within Loneliness reduced since joining activities	87.0%	77.1%
		% of Total	42.6%	39.4%
Total		Count	46	48
		Expected Count	46.0	48.0
		% within Involved in community activities	48.9%	51.1%
		% within Loneliness reduced since joining activities	100.0%	100.0%
		% of Total	48.9%	51.1%

Chi-Square Tests[c]

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.546[a]	1	.214	.286	.165
Continuity Correction[b]	.951	1	.329		
Likelihood Ratio	1.567	1	.211	.286	.165
Fisher's Exact Test				.286	.165
Linear-by-Linear Association	1.529[d]	1	.216	.286	.165

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N of Valid Cases	94

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	-.128	.100	-1.240	.218[c]
Ordinal by Ordinal	Spearman Correlation	-.128	.100	-1.240	.218[c]
N of Valid Cases		94			

Source: Field Survey, 2026 (SPSS Version 26).

The table above provides a chi-square analysis that determines if there is significance in reduction of loneliness among senior citizens in the Zone C Senatorial District who participate in community activities. This yielded the following result: χ^2 1.546, df 1, p. 0.214.

As the p value is larger than 0.05, the analysis shows no significant relationship between engaging in community activities and experience of lower levels of loneliness by the participants. Despite some decreasing trends in loneliness among elderly adults participating in community activities, the differences were not meaningful enough to support statistical significance. This finding can indicate that participation by itself does not decrease loneliness. Thus the actual experience of participation, such as the quality of participation, level of emotional attachment to the group, levels of participation, number of activities, friendships formed etc. may be more important than simply participation.

Because the p- value is greater than .05, H_3 is not rejected. Thus engaging in community activities had little effect in alleviating the experience of loneliness for the elderly in Zone C Senatorial District .

Hypothesis Four

H_{04}: Access to communication technology does not significantly influence social connectedness among the elderly in Zone C.

Table 9: Chi-square Analysis of Communication Technology and Social Connectedness

Use mobile phone to talk or message * Phone or social media helps feel connected Crosstabulation

			Phone or social media helps feel connected	
			Yes	No
Use mobile phone to talk or message	Yes	Count	38_a	3_b
		Expected Count	39.7	1.3
		% within Use mobile phone to talk or message	92.7%	7.3%
		% within Phone or social media helps feel connected	41.3%	100.0%
		% of Total	40.0%	3.2%
	No	Count	54_a	0_b
		Expected Count	52.3	1.7

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	% within Use mobile phone to talk or message	100.0%	0.0%
	% within Phone or social media helps feel connected	58.7%	0.0%
	% of Total	56.8%	0.0%
Total	Count	92	3
	Expected Count	92.0	3.0
	% within Use mobile phone to talk or message	96.8%	3.2%
	% within Phone or social media helps feel connected	100.0%	100.0%
	% of Total	96.8%	3.2%

Chi-Square Tests[c]

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.080[a]	1	.043	.077	.077
Continuity Correction[b]	2.038	1	.153		
Likelihood Ratio	5.171	1	.023	.077	.077
Fisher's Exact Test				.077	.077
Linear-by-Linear Association	4.037[d]	1	.045	.077	.077
N of Valid Cases	95				

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	-.207	.060	-2.043	.044[c]
Ordinal by Ordinal	Spearman Correlation	-.207	.060	-2.043	.044[c]
N of Valid Cases		95			

Source: Field Survey, 2026 (SPSS Version 26).

The table above shows the Chi-square analysis about the access to communication technology and networked connectedness of elderly individuals in Zone C Senatorial District. The resulting Pearson Chi-square was $\chi^2 = 4.080$ with 1 df and $p = 0.043$. As $p<.05$, this finding is statistically significant, suggesting that there is a relationship between access to communication technology and social connectedness in elderly adults. Individuals who reported using mobile telephony and communication technologies were significantly more likely to feel that they assisted them in

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staying in touch with family, and with friends and relatives. This finding points to the role of communication technology as a significant supplement to, rather than a replacement for, in-person interaction by enabling frequent communicative contact, lessening the experience of separation and sustaining social connections at a distance or with limited mobility. As the p value is 0.043 which is lower than 0.05, the null hypothesis can be rejected. Communication technology access has therefore a significant effect on the degree of social connectedness of the aged within the Zone C Senatorial District.

Hypothesis Five

H_{05}: Health status has no significant relationship with loneliness and social isolation among the elderly in Zone C.

Table 10: Chi-square Analysis of Health Status and Loneliness/Social Isolation

Long-term health limits social activities * Health made you feel lonelier Crosstabulation

			Health made you feel lonelier		
			Yes	No	Total
Long-term health limits social activities	yes	Count	28_a	53_a	81
		Expected Count	28.4	52.6	81.0
		% within Long-term health limits social activities	34.6%	65.4%	100.0%
		% within Health made you feel lonelier	84.8%	86.9%	86.2%
		% of Total	29.8%	56.4%	86.2%
	no	Count	5_a	8_a	13
		Expected Count	4.6	8.4	13.0
		% within Long-term health limits social activities	38.5%	61.5%	100.0%
		% within Health made you feel lonelier	15.2%	13.1%	13.8%
		% of Total	5.3%	8.5%	13.8%
Total		Count	33	61	94
		Expected Count	33.0	61.0	94.0
		% within Long-term health limits social activities	35.1%	64.9%	100.0%
		% within Health made you feel lonelier	100.0%	100.0%	100.0%
		% of Total	35.1%	64.9%	100.0%

Each subscript letter denotes a subset of Health made you feel lonelier categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests[c]

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.075[a]	1	.785	1.000	.507
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.074	1	.786	1.000	.507

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Fisher's Exact Test				.764	.507
Linear-by-Linear Association	.074[d]	1	.786	1.000	.507
N of Valid Cases	94				

Symmetric Measures

		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	-.028	.105	-.270	.788[c]
Ordinal by Ordinal	Spearman Correlation	-.028	.105	-.270	.788[c]
N of Valid Cases		94			

Source: Field Survey, 2026 (SPSS Version 26).

The table above shows the Chi-square analysis of health status and loneliness among elderly persons in Zone C Senatorial District. Results of the analysis demonstrates a Pearson Chi-square statistic of $\chi^2 = 0.075$, df = 1, p = 0.785. The derived p-value is much higher than the 0.05 cut-off, suggesting that there is no significant association between health status and loneliness/social isolation for the respondents in the current sample. There was no significant association between loneliness and long-term health conditions, although some elderly adults living with long-term health conditions reported they felt lonely. This finding indicates that health did not independently predict either loneliness or social isolation among participants in the current sample. Alternatively, perhaps other factors such as family support and visitation, social interaction, community involvement, and access, technology for communication have a larger impact on elderly adult's social lives.

As the p-value of 0.785 is higher than the 0.05 significance level the null hypothesis is not rejected, (fail to reject H_{05}). It was therefore concluded that "health status does not influence loneliness and social isolation among the elderly people in Zone C Senatorial District".

Discussion of Findings

Such descriptive results agree with authors cited above. Social isolation was attributed to poverty, health issues, transportation barriers, inadequate support from family members, and clients' lack of involvement in the community.

These findings also support the ecological approach (Bronfenbrenner 1979). utilized in the study. Isolation is not attributable to a single factor. It is influenced by individual, familial, community, and environmental elements. Therefore, intervention strategies should not be targeted solely at counselling the elderly. Social workers must also address family dynamics, transportation issues, community companionship, economic strain, health constraints, and environmental security.

The research findings also suggest that regular social contact reduces the risk of loneliness. A number of studies have emphasised the role of family contact, friendship, religious activity, and community links. Social workers may apply the results of this study to justify interventions such as home visits, family counselling, elderly support groups, befriending schemes, and community outreach (Khalili-Mahani, Wang, & Souraya. (2023).

Technology plays a role, but there are limits. These findings echo the perspective that phones and other forms of communication can be an important link to keeping elderly adults connected. Nevertheless, technology should be complementary to, but not a substitute for, face-to-face

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relationships. Social work practice implications may include interventions such as training elderly adults in basic phone use, guiding families to support intergenerational digital communication, or advocating for improved rural network infrastructure.

The non-significant statistical result for the health variable should be examined with caution. This finding does not suggest that health is not an important factor, only that in this particular test, health status did not have a statistically significant association. The descriptive statistics and interview data indicate a different conclusion. Respondents clearly detailed the extent to which health problems inhibit their mobility and participation. It is important to report both of these results so as not to overemphasize the statistics while neglecting the valuable insights provided by respondents.

Implication for Social Work Practice

Findings from this study have implications for social work practice in Zone C of Benue State and the country at large. The findings indicate that loneliness and isolation among the participants are associated with poor health status, inadequate family support, low levels of community participation, and challenges in accessing and using computer-related technology.

To respond, social workers could Maintain quality psychosocial assessment, counselling, and case management to identify vulnerable elderly adults. Support family-centred interventions to encourage regular visiting, emotional support, and shared caregiving. Partner with traditional leaders, churches, and community groups to develop activities that promote active ageing and inclusion. Medical social workers can ensure psychosocial care is part of standard service to elderly patients and advocate for improved access to health and rehabilitation services. Encourage digital literacy and advocate for policies that enhance elderly persons' social inclusion and wellbeing.

Conclusion

In the case of the elderly, the present study argues that age alone does not contribute to the isolation process. Rather, isolation is brought on by economic deprivation, health problems, mobility constraints, insecurity, family migration, a lack of community ties, and technology gaps that preclude meaningful social interaction. This agrees with the ecological model, as these elements all interact across the individual, family, community, and environmental dimensions.

Recommendations

Based on these findings, the study recommends that;

- Government and NGOs in Zone C should establish elderly support centers and welfare programs that address economic hardship and loss of family support, which are major causes of isolation.
- Families and community leaders should encourage regular visits, phone calls and communal gatherings for the elderly. At least weekly social interaction should be promoted to reduce perceived loneliness in the last six months.
- Local Government and traditional councils should actively involve the elderly in community meetings, age-grade activities, religious and cultural events to give them a sense of belonging and reduce loneliness.
- The Ministry of Social Welfare should organize digital literacy training for the elderly on the use of social media.
- Primary Health Care centers in Zone C should provide regular, free medical outreach and home-based care for the elderly with chronic illnesses, as poor health increases isolation. Through this, social workers should be involve to provide psychosocial counseling during such visits.

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References

Adesina, A. O., Adeyemi, O. M., Ibrahim, A. S., Alhaji, M. A., & Jibril, M. T. (2020). Social isolation and its effects on elderly Nigerians in urban and rural settings. *Journal of Social Work and Aging, 42*(4), 453–467.

Aartsen, M. J., Van Tilburg, T., Smits, C. H., & Knipscheer, K. C. (2004). A longitudinal study of the impact of physical and cognitive decline on the personal network in old age. *Journal of Gerontology: Psychological Sciences, 59*(3), 156–164. https://doi.org/10.1093/geronb/59.3.P156

Ajayi, O., Adebisi, A., & Adeyemi, T. (2022). The impact of family structure on elderly care in urban Nigeria. *African Journal of Social Work, 12*(1), 35–48.

Ajayi, S. A., Olufemi, F. T., & Akintola, T. O. (2022). Digital technology use and its impact on reducing isolation among the elderly in Nigeria. *Journal of Technology and Aging, 27*(2), 99–113.

Alabi, S., Adebimpe, W., Kolawole, A., & Balogun, T. (2021). Socioeconomic determinants of health among the elderly in Nigeria. *Journal of Aging Research, 2021*, 1–10.

Anttonen, A., & Karsio, O. (2016). Elder care policies in Europe: Between target efficiency and human dignity. *Journal of Aging Studies, 38*, 63–70. https://doi.org/10.1016/j.jaging.2016.05.003

Ayanruoh, F., Abiodun, E., Nwankwo, J., & Obafemi, K. (2023). Enhancing social connections among the elderly through home visitation programs. *International Journal of Social Services, 18*(4), 124–132.

Bekhet, A. K., & Zauszniewski, J. A. (2022). Loneliness in elderly adults: Risk factors and interventions. *Issues in Mental Health Nursing, 43*(3), 237–245. https://doi.org/10.1080/01612840.2021.1969162

Cacioppo, J. T., & Cacioppo, S. (2018). The growing problem of loneliness. *The Lancet, 391*(10119), 426. https://doi.org/10.1016/S0140-6736(18)30142-9

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among elderly people: A systematic review of health promotion interventions. *Ageing and Society, 25*(1), 41–67. https://doi.org/10.1017/S0144686X04002594

Cornwell, B., & Waite, L. J. (2009). Social disconnectedness, perceived isolation and health among elderly adults. *Journal of Health and Social Behavior, 50*(1), 31–48. https://doi.org/10.1177/002214650905000103

Ekoh, P. C., George, E. O., Ezeh, L., & Okafor, A. (2022). Social isolation, loneliness and mental health among elderly adults in Africa: A scoping review. *Journal of Gerontological Social Work, 65*(3), 351–369. https://doi.org/10.1080/01634372.2022.2063561

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Fried, L. P., Hall, W. J., Sattin, R. W., & Thompson, L. A. (2021). The role of social relationships in health and well-being among elderly adults. *Journal of Aging and Health, 33*(1–2), 11–25.

Gerst-Emerson, K., & Jayawardhana, J. (2020). Loneliness as a public health issue: The impact of loneliness on health care utilization among elderly adults. *American Journal of Public Health, 110*(7), 1049–1055.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218–227. https://doi.org/10.1007/s12160-010-9210-8

Khalili-Mahani, N., Wang, Y., & Souraya, S. (2023). Living arrangements, social isolation and health in elderly adults: A cross-national comparison. *Journal of Aging & Social Policy, 35*(1), 85–102. https://doi.org/10.1080/08959420.2022.2083201

Lam, M., Seow, E., & Ng, Q. X. (2021). Social connectedness and mental health among elderly adults: A meta-analytic review. *Gerontology and Geriatric Medicine, 7*, 1–10. https://doi.org/10.1177/23337214211014618

Lee, S. J., & Kim, H. S. (2022). Digital technology use and social isolation in elderly adults: The role of familiarity and social use. *Computers in Human Behavior, 127*, 107064. https://doi.org/10.1016/j.chb.2021.107064

National Population Commission (NPC). (2022). *Population and housing census: Provisional results*. Federal Republic of Nigeria.

Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in elderly adults. *Journal of Primary Prevention, 33*(2–3), 137–152. https://doi.org/10.1007/s10935-012-0271-2

Oluwole, F. O., & Adeniyi, O. V. (2021). Challenges facing elderly people in accessing health care services in Nigeria: Perspectives of the elderly in a rural community. *BMC Public Health, 21*(1), 1–10. https://doi.org/10.1186/s12889-021-10973-3

Pinquart, M., & Sörensen, S. (2001). Influences on loneliness in elderly adults: A meta-analysis. *Basic and Applied Social Psychology, 23*(4), 245–266. https://doi.org/10.1207/S15324834BASP2304 2

Shiovitz-Ezra, S., & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality. *International Psychogeriatrics, 22*(3), 455–462. https://doi.org/10.1017/S1041610209991426

Questionnaire

Loneliness and Social Isolation Among the Elderly Population in Zone C Senatorial District

Instruction: Please tick (✓) the option that best describes you.

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Section 1: Demographic Characteristics

Variable	**Question**	**Response Options**	**Tick (✓)**
1. Age	What is your age?	60–69 ☐ / 70–79 ☐ / 80–90 ☐ / Above 90 ☐	
2. Gender	What is your gender?	Male ☐ / Female ☐	
3. Marital Status	What is your marital status?	Single ☐ / Married ☐ / Widowed ☐ / Divorced ☐	
4. Education Level	What is your highest level of education?	No formal education ☐ / Primary ☐ / Secondary ☐ / Tertiary ☐	
5. Current Living Situation	What is your current living situation?	Living alone ☐ / Living with family ☐ / Living in a care facility ☐	

Section A: Causes/Correlates of Social Isolation

No.	**Question**	**Response Options**	**Tick (✓)**
A1	Do you often feel cut off from people around you?	Yes ☐ / No ☐	
A2	Do you feel that your family or friends are too busy to visit or spend time with you?	Yes ☐ / No ☐	
A3	Do money or transport costs stop you from attending social activities?	Yes ☐ / No ☐	
A4	Do you avoid social gatherings because you can't afford them?	Yes ☐ / No ☐	
A5	Do hearing or vision problems make it hard for you to socialize?	Yes ☐ / No ☐	
A6	Do you feel younger people in your community are less involved in family or social activities?	Yes ☐ / No ☐	
A7	Do safety/insecurity concerns keep you at home when you would prefer to go out?	Yes ☐ / No ☐	
A8	In the last month, did you spend most days without speaking to anyone face-to-face?	Yes ☐ / No ☐	

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Section B: Social Interactions and Loneliness

No.	Question	Response Options	Tick (✓)
B1	In the past month, did you meet family, friends, or neighbours at least once a week?	Yes ☐ / No ☐	
B2	Do you feel lonely on most days?	Yes ☐ / No ☐	
B3	Do you feel you lack companionship?	Yes ☐ / No ☐	
B4	Do you feel left out of things that matter to you?	Yes ☐ / No ☐	
B5	Do your usual social interactions help reduce your loneliness?	Yes ☐ / No ☐	
B6	Do you prefer to stay alone even when you have the chance to meet people?	Yes ☐ / No ☐	

Section C: Community Engagement

No.	Question	Response Options	Tick (✓)
C1	Are you involved in any community activities (e.g., religious, cultural, volunteering)?	Yes ☐ / No ☐	
C2	In the past month, did you attend any community activity at least twice?	Yes ☐ / No ☐	
C3	Since joining community activities, have your feelings of loneliness reduced?	Yes ☐ / No ☐	
C4	Do you feel unwelcome or ignored in community activities?	Yes ☐ / No ☐	
C5	Would you like to join community activities if someone could assist you (e.g., transport/escort)?	Yes ☐ / No ☐	

Section D: Technology Use and Social Connection

No.	Question	Response Options	Tick (✓)
D1	Do you use a mobile phone to talk or message family and friends?	Yes ☐ / No ☐	
D2	Do you use WhatsApp, Facebook, or similar to keep in touch?	Yes ☐ / No ☐	
D3	Has using a phone or social media helped you feel more connected?	Yes ☐ / No ☐	

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No.	Question	Response Options	Tick (✓)
D4	Do you avoid using a phone or social media because it feels difficult?	Yes ☐ / No ☐	
D5	Would you use technology more if someone taught you how?	Yes ☐ / No ☐	

Section E: Physical Health and Social Isolation

No.	Question	Response Options	Tick (✓)
E1	Do you have a long-term health condition that limits your social activities?	Yes ☐ / No ☐	
E2	Does your health make it difficult to leave your home?	Yes ☐ / No ☐	
E3	Has your health made you feel lonelier in recent months?	Yes ☐ / No ☐	
E4	Do pain or tiredness often stop you from meeting people?	Yes ☐ / No ☐	
E5	Do you miss appointments or social events because of health problems?	Yes ☐ / No ☐	

Optional: Brief Loneliness Screen

No.	Question	Response Options	Tick (✓)
L1	Do you feel lonely often?	Yes ☐ / No ☐	
L2	Do you feel you have people you can talk to when you need to?	Yes ☐ / No ☐	
L3	Do you feel isolated from others?	Yes ☐ / No ☐	

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Interview Guide and Questions

"Good day! Thank you for agreeing to participate in this interview. My name is Aboyi, Johnson Onyeke and I am conducting research to understand loneliness and social isolation among elderly individuals in Zone C Senatorial District. The purpose of this interview is to learn about your experiences with social isolation, community involvement and how factors like health and technology affect your feelings of loneliness. This interview is confidential and you are free to stop at any time. Your participation is voluntary. Do you have any questions before we start?"

Interview Questions

1. Causes of Social Isolation

Can you describe your daily routine and how often you interact with family, friends, or neighbors?

Probes:

How does your routine affect your opportunities for social interactions?

Do you have regular contact with others, or is it more occasional?

What makes it difficult for you to spend time with others or participate in social activities?

Probes:

Are there any specific barriers, such as physical health or other factors, that limit your social engagements?

Do you ever feel hesitant or unsure about participating in social activities?

Has anything changed in your social life over the past few years? If yes, what has caused these changes?

Probes:

Were there specific events or circumstances that led to these changes?

How have these changes impacted your sense of connection with others?

Do you feel that many elderly people in your community are isolated? Why or why not?

Probes:

Can you share any examples or experiences that reflect social isolation among elderly people in your area?

Do you think the situation has worsened or improved over time?

2. Social Interactions and Loneliness

How often do you feel lonely and what usually makes you feel that way?

Probes:

Are there specific moments or times when you feel more isolated than others?

What factors contribute to your loneliness (e.g., lack of interaction, distance from family)?

How important is spending time with others in reducing your loneliness?

Probes:

In what ways does interacting with others help alleviate feelings of loneliness?

Do you find that social activities have a lasting effect on your emotional well-being?

Does the number of people you interact with affect how lonely you feel? Can you explain?

Probes:

Does quality of interaction (e.g., meaningful conversations vs. small talk) matter to you?

How do your interactions with close family members compare to your interactions with acquaintances?

3. Community Engagement

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Are you involved in any community activities such as church groups or clubs? If so, how often do you participate?
Probes:
What types of community activities do you enjoy the most?
Do you feel your participation in these activities helps to reduce feelings of isolation?
Do you think that being involved in community activities helps reduce loneliness? How?
Probes:
Can you share specific examples of how community activities have helped you feel less isolated?
Do you think community activities are accessible to everyone in your age group?
How do you feel about the support you receive from your community or neighbors in reducing isolation?
Probes:
Are there specific types of support (emotional, physical, etc.) that you find most helpful?
Do you feel supported by your neighbors or local organizations?
Do you think there are enough opportunities for elderly people in your community to interact with others? If not, how could this be improved?
Probes:
Are there specific services or programs that could be introduced to improved social engagement?
How can the community make it easier for elderly individuals to meet and connect?
4. Technology Use and Social Isolation
Do you use a mobile phone or the internet to keep in touch with others? How often do you use them?
Probes:
Which forms of communication (calls, messages, social media) do you use most frequently?
How comfortable are you using technology to connect with others?
Do you feel that technology, like mobile phones or social media, helps you stay connected with family and friends?
Probes:
How has technology influenced your relationships with family and friends?
Do you prefer face-to-face communication over digital communication, or vice versa?
What challenges do you face when using technology to connect with others?
Probes:
Are there any specific difficulties, such as not knowing how to use certain apps or tools?
Do you ever feel overwhelmed or frustrated with technology?
5. Physical Health and Loneliness
Do health problems affect your ability to interact with others or participate in activities? How does it impact your social life?
Probes:
Are there specific physical challenges (e.g., mobility issues, chronic conditions) that prevent you from participating in social activities?
How do these health problems influence your daily routine and interactions with others?
Has your health ever made you feel more isolated or lonely? How do you deal with these feelings?
Probes:
Can you recall a time when your health directly contributed to feelings of loneliness?
What coping strategies or support systems have helped you manage these feelings?

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Do you think elderly people with health problems experience more isolation? Why or why not?
Probes:
How do health issues impact social interactions for elderly individuals in your community?
What can be done to support elderly individuals facing similar challenges?
6. General Thoughts and Suggestions
What do you think are the main reasons elderly people become socially isolated in your community?
Probes:
Are there social, cultural, or economic factors that contribute to isolation?
How do elderly individuals in your community view isolation and what do you think could be done to address it?
What could be done to help reduce loneliness and isolation among elderly people in your community?
Probes:
What types of programs, services, or initiatives would make a positive difference?
How can the community become more inclusive and welcoming to elderly individuals?
Is there anything that could be improved in your community to help elderly people interact more and feel less isolated?
Probes:
Are there any specific physical or social changes that could support more interactions?
How can local organizations or government agencies contribute to reducing social isolation?
Thank you for sharing your insights. Your responses was instrumental in understanding social isolation and loneliness among the elderly in this community. Do you have any final comments or suggestions?